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## ANNOUNCING EMPIRICALLY BASED PLAY INTERVENTIONS FOR CHILDREN

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Play is a universal behavior of children that has been documented since ancient times (Janssen & Janssen, 1996; Lowenfeld, 1939). It is estimated that by 6 years of age, children are likely to have engaged in more than 15,000 hours of play (Schaefer, 1993). The benefits of play for healthy cognitive development (Bornstein & O'Reilly, 1993; Piaget, 1962), language development (Lyytinen, Poikkeus, & Laakso, 1997; McCune, 1995; Tamis-LeMonda & Bornstein, 1994), social competence (Howes & Matheson, 1992; Parten, 1932), and physical development (Pellegrini & Smith, 1998) have been well established. Play has the power not only to aid in normal child development but also to help alleviate emotional and behavioral difficulties. For over six decades, play therapy has been recognized as the oldest and most popular form of child therapy in clinical practice (Association for Play Therapy, 2001; Parten, 1932). Play-based assessment and intervention approaches are routinely taught in masters and doctoral level training programs across the country. The Association for Play Therapy

(2001) defined play therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (p. 20).

In recent years, clinicians and researchers have sought to identify the specific elements inherent in play that make it a therapeutic agent for change. Among the major therapeutic powers (also termed *therapeutic factors*) that have been described are its communication power (children naturally express their conscious and unconscious thoughts and feelings better through play than by words alone); its teaching power (clients attend and learn better when play is used to instruct); its abreaction power (clients can relive past stressful events and release the associated negative emotions in the safe environment of the play world); and its rapport-building power (clients tend to like therapists who are playful and fun-loving). A comprehensive listing of the 14 therapeutic factors of play is presented by Schaefer (1993).

Each of the well-known schools of play therapy (i.e., client-centered, cognitive-behavioral, family, and psychodynamic) emphasizes one or more of the curative powers of play. The prescriptive-eclectic school of play therapy (Kaduson, Cangelosi, & Schaefer, 1997) advocates that play therapists become skilled in the use of numerous therapeutic powers and differentially apply them to meet the individual needs of clients. Despite a strong theoretical foundation, some have questioned the clinical utility and efficacy of play interventions (e.g., Lebo, 1953; Reade, Hunter, & McMillan, 1999). The main criticism of play interventions has been that the field in general lacks rigorous research designs and data-analytic methods (Phillips, 1985). Research in this area is often based on anecdotal reports or case study designs and includes limitations seen in the psychotherapy outcome literature (e.g., lack of control or alternative treatment groups, small sample sizes, limited or no generalizability of findings to natural settings; LeBlanc & Ritchie, 1999).

Over the past two decades, well-designed controlled play intervention studies have emerged. Two meta-analytic studies have examined the effectiveness of play therapy with children (e.g., LeBlanc & Ritchie 1999; Ray, Bratton, Rhine, & Jones, 2001). LeBlanc and Ritchie’s meta-analysis included 42 experimental studies, dated from 1947 to 1997. The studies used came from multiple sources, including journals, dissertations, and unpublished studies. Studies selected included control or comparison group designs and sufficient data and statistical information. The average age of the children in the studies was 7.9 years; no child was older than 12 years of age. Play therapy yielded an overall positive effect size of .66, reflecting that play therapy has a moderate treatment effect. The authors also investigated the specific characteristics of treatment that related to outcome success.

Two factors that significantly related to outcome were parental involvement in the children's therapy and the duration of therapy. Studies that involved the parent as a therapist resulted in an effect size of .83 (i.e., large positive treatment outcome), compared with an effect size of .56 (i.e., moderate positive treatment outcome) for studies that did not involve parents. Treatment outcome appears to improve with a sustained treatment regimen. Several factors not related to outcome were noted, such as the type of presenting problem, the treatment context (group vs. individual), and the age and gender of the participants.

Ray and her colleagues conducted a meta-analysis that included 94 experimental studies, dated from 1940 to 2000. The studies included were journal articles, dissertations, or unpublished studies. Each study included a control or comparison group design and pre-post measures. The child participants ranged in age from 3 to 16 years old, with a mean age of 7.1. Results revealed that play therapy yielded an overall effect size of .80 (i.e., large positive treatment outcome). Characteristics of treatment associated with outcomes were explored, such as the influence of different play therapy theoretical models on outcomes. Studies were coded as follows: (a) 74 studies were coded as humanistic-nondirective play therapy, (b) 12 studies were behavioral-directive play therapy, and (c) 8 were not coded because of a lack of information. The humanistic-nondirective category demonstrated a slightly larger effect size ( $ES = .93$ ) than the behavioral-directive category ( $ES = .73$ ); however, the authors caution that this difference is likely influenced by the disproportionate number of studies in the two categories. When comparing the effect of general play therapy with filial play therapy, it was found that the filial therapies exhibited a greater effect ( $ES = 1.06$ ) than general play therapies ( $ES = .73$ ). Similar to LeBlanc and Ritchie's (1999) findings, routine parental involvement in treatment was a significant predictor of outcome ( $p = .008$ ). Likewise, the treatment context (i.e., individual vs. group), whether the population was clinical versus analog, and the age or gender of participants were found to be unrelated to outcome.

Collectively, the two meta-analytic studies revealed that play interventions have moderate to large positive effects ( $ES = .66$  to  $.80$ ) on outcomes. Play interventions appear to be effective for children across treatment modalities (group, individual), age groups (3 to 16 years), gender, referred versus nonreferred populations, and treatment orientations (humanistic-nondirective, behavioral-directive). Thus, these reviews provide evidence for the clinical utility and efficacy of play interventions with children and families. However, a compilation of innovative, well-designed, and empirically supported play interventions and reviews of the outcome literature had yet to be published in one text. This book serves as the first published text of empirically validated play interventions for children.

## THE PURPOSE OF THIS BOOK

In an era of cost-containment and outcomes, the need to provide empirical evidence of the effectiveness of an intervention is increasingly important to the general acceptance of that intervention by practitioners, third-party payers, and consumers. As a result of managed behavioral health care, professionals are being pressured to use well-established, theoretically based, and flexible interventions (Reddy & Savin, 2000).

The goal of this book is to offer scholars and practitioners a unique clinical reference that presents evidence-based and maximally useful play interventions for a variety of child populations and settings. This book illustrates the usefulness of both directive and nondirective approaches. To meet the needs of both practitioners and researchers, each chapter includes clinical theory and observations, as well as research data. Our selection of intervention programs was guided by 11 principles. We identified programs that

- included well-defined treatment components and processes;
- offered innovative treatment options;
- are guided by developmental theory;
- demonstrated clinical effectiveness;
- are adaptable for a variety of settings and appropriate for prevention or intervention;
- included ongoing, comprehensive outcome assessment approaches;
- offered structured or time-limited treatments;
- are tailored to the developmental level of the child;
- targeted behaviors or competencies in children or parents;
- identified and assessed quantifiable behavioral goals; and
- included varied treatment agents such as psychologists, psychiatrists, nurses, physical therapists, occupational therapists, social workers, teachers, or parents.

Seven of the intervention programs in this book meet the guidelines set forth by the American Psychological Association's Task Force on Promotion and Dissemination of Psychological Procedures (Chambless, 1995). Criteria for probably efficacious psychosocial interventions for childhood disorders include "(a) two studies showing the intervention more effective than a no-treatment control group (or comparison group) OR (b) two studies otherwise meeting the well-established treatment criteria (I, III, IV), but both are conducted by the same investigator, or one good study demonstrating effectiveness by these same criteria, OR (c) at least two good studies demonstrating effectiveness but flawed by heterogeneity of the client samples, OR (d) a small series of single case design studies (i.e., less than three) otherwise

meeting the well-established treatment criteria (II, III, IV)” (Chambless, 1995, p. 22). Our selection of programs does not signify a special status or ranking, nor do we suggest that our choice of programs is exhaustive. Other excellent programs do exist that meet our criteria.

We invited four distinguished contributors to critically review the outcome literature on one well-known model (i.e., filial therapy) and three intervention approaches for children with internalizing disorders. A description of each is included below.

We present the information in four parts: Empirically Based Play Prevention Programs, Empirically Based Play Interventions for Internalizing Disorders, Empirically Based Play Interventions for Externalizing Disorders, and Empirically Based Play Interventions for Developmental Disorders and Related Issues. The chapters include a description of the theoretical basis and objectives of the play intervention, key treatment ingredients and processes, outcome studies supporting the effectiveness, replication, and transportability of the intervention to other settings and populations, and a recommended evaluation approach for clinical practice.

Part I presents three empirically based play prevention programs. Prevention interventions reduce the social, emotional, behavioral, and developmental difficulties faced by children and also prevent the early onset of more severe and costly disorders. In chapter 2, Johnson, Pedro-Carroll, and Demanchick discuss a well-researched school-based preventative play intervention program, the Primary Mental Health Project (PMHP). PMHP, established in 1957, targets primary school-age children at risk for adjustment difficulties and has been implemented in over 2,000 schools worldwide. Under supervision, paraprofessionals are trained in child-centered play therapy principles and skills so they can conduct individual play sessions. Outcome evaluations of PMHP reveal that the children demonstrate significant improvements in adjustment in both the short and the long term. In chapter 3, Kot and Tyndall-Lind present intensive play-based therapy, a short-term crises intervention model (i.e., 2 weeks or less of treatment) for children temporarily living in a domestic violence shelter. Based on child-centered play therapy theory, this approach requires professionals with advanced play therapy training to conduct daily play therapy for individual children or with sibling groups, when appropriate. This intervention is effective in reducing children’s distress related to witnessing violence between parents and to adjustments caused by changes in residence. In the final chapter in this part, Pedro-Carroll and Jones present a school-based prevention program that targets the needs of children of divorce. The Children of Divorce Intervention Program (CODIP) is implemented by specially trained and supervised mental health professionals and paraprofessionals. Developmentally sensitive, play-based activities within a group context are used to help children address the stressful changes that divorce often brings. There is strong evidence for CODIP’s effectiveness in reducing the stress of divorce on children

and in improving their social, emotional, and school adjustment in the short and long term.

Part II includes three chapters on play interventions for children with internalizing disorders. In chapter 5, Shelby and Felix propose an innovative intervention model, posttraumatic play therapy, for children with symptoms of posttraumatic stress disorder. The authors integrate directive and non-directive procedures to create a prescriptive approach for responding to the unique needs of traumatized children. The type and intensity of symptoms, as well as developmental factors, guide trained professionals in tailoring treatments for individual children. In chapter 6, Johnson and Kreimer present a critical review of guided fantasy play interventions for chronically ill children. Grounded in analytic and cognitive theory, this approach can be implemented by trained professionals to uniquely address the needs of chronically ill children related to the effects and ongoing stress of their experience. In the final chapter of Part II, Rae and Sullivan present a time-limited approach to implementing play interventions for hospitalized children. The authors critically review the outcome literature on play-based interventions for this population. Based on client-centered, humanistic principles, this approach reduces the psychological distress related to children's illnesses and hospitalization. It is designed for professionals trained in nondirective play therapy procedures who are familiar with pediatric medical disorders.

Part III presents empirically based play interventions for children with externalizing disorders. This group of interventions uses a variety of therapeutic agents, including professionals, teachers, parents, and paraprofessionals in treatment delivery. In chapter 8, Reddy and her colleagues provide a detailed description of the Child Attention Deficit Hyperactivity Disorder (ADHD) Multimodal Program (CAMP), an empirically supported intervention that treats the social and behavioral needs of young children diagnosed with ADHD. Grounded in social learning theory and behavioral principles, this developmental, skill-based program uses developmentally appropriate games to improve social skills, self-control, and anger/stress management within a 10-week, structured group format. Parents receive concurrent group training focused on behavioral management techniques in the home, school, and community. Behavioral consultation services are also offered to each child's parent(s) and teacher. Research on evaluations of CAMP reveals significant improvements in parents' functioning and child behavior, both at home and in school. In chapter 9, Herschell and McNeil offer a highly informative overview of parent-child interaction therapy (PCIT), a well-researched intervention designed to treat young children exhibiting externalizing behavior problems. Based on developmental theory, social learning theory, behavioral principles, and traditional play therapy procedures, PCIT is a structured, time-limited model focused on training parents as therapeutic agents of change. Trained therapists use in vivo coaching methods to help parents enhance their child behavior

management. Research on PCIT reveals significant improvement in child and parent outcomes. Bay-Hinitz and Wilson present the final intervention in this part, a cooperative games intervention. This empirically supported intervention for aggressive preschool children uses teacher-directed cooperative board games and other cooperative activities to reduce aggressive behavior. This intervention requires minimal training and can be used by parents, mentors, and paraprofessionals.

Part IV presents empirically based interventions for developmental disorders and related issues. Unique to the interventions featured in this part is a focus on the value of play in the healthy development of children. In chapter 11, Rogers presents the Denver model, a well-researched, school-based daily play intervention program effective in facilitating the development and growth of young children with autism spectrum disorders. The Denver model is grounded in developmental theory and emphasizes the importance of symbolic, interpersonal, and cognitive aspects of play in the development of children with autism. Children who have participated in this program exhibit significant improvements in symbolic play and affective, reciprocal exchanges during play with their parents. In chapter 12, Van Fleet, Ryan, and Smith offer an impressive review of the outcome literature on filial therapy. Filial therapy has been found to be effective in treating a wide range of child and family behavior problems through strengthening the parent-child attachment. This approach focuses on enhancing the relationship between parent and child, rather than on the behavior of concern. Under supervision, parents are trained in child-centered play therapy procedures and conduct weekly play sessions with their children.

In the final part, Files-Hall and Reddy provide a synthesis of the current outcome research on play interventions and offer new models for designing play interventions and outcome assessment approaches. A thoughtful discussion of future directions for research and training is presented.

It is our hope that this reference of innovative, well-designed, and empirically based play interventions illustrates to the reader the range of play prevention and intervention programs for children. We express our appreciation to all the contributors, who were fully committed to ensuring that this book represents a timely, scholarly, and comprehensive presentation of their programs. Furthermore, it is our hope that this book serves as a springboard for future program development and research in the area.

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